MENSTRUAL HEALTH HISTORY
EHR Dot Phrase / Clinical Template
Indian Country ECHO Adolescent Health Series

AFAB ADOLESCENT

HOW TO USE THIS TEMPLATE

- Copy the plain text below into your EHR dot phrase or template builder (RPMS, EpicCare, Cerner, CHCSII, etc.).
- Replace [___] fields with patient responses. ☐ checkboxes can be toggled or converted to your EHR's format.
- The Traditional Practices section is a strengths-based inquiry
- Customize section order and fields to match your clinic workflow and tribal community context.
- Ensure adolescent-only confidential time before completing the Sexual & Reproductive Health section.

SECTION 0 — VISIT SETUP & CONFIDENTIALITY

Adolescent-only time established: ☐ ☐ Yes ☐ ☐ No
Confidentiality limits reviewed with patient: ☐ ☐ Yes ☐ ☐ Deferred
Preferred name: **[_____]**
Pronouns: **[_____]**

- *Do not assume gender identity. Ask: "What pronouns do you use?" Document and use throughout chart.*

Referred by: ☐ ☐ Self ☐ ☐ Parent/guardian ☐ ☐ School/SBHC ☐ ☐ CHR ☐ ☐ Other: [___]

SECTION 1 — REASON FOR VISIT

Chief concern: **[_____]**
Duration of concern: ☐ ☐ < 3 months ☐ ☐ 3–12 months ☐ ☐ > 1 year ☐ ☐ Since menarche
Prior evaluation: ☐ ☐ None ☐ ☐ Yes — where/what: [_____]

SECTION 2 — MENSTRUAL HISTORY

Menarche & Cycle Pattern

Age at menarche: **[_____] years**
Time since menarche: **[_____] years [_____] months**
Menstrual status: ☐ ☐ Regular ☐ ☐ Irregular ☐ ☐ Absent/amenorrhea ☐ ☐ Never established
Cycle length (day 1 to day 1 of next cycle): **[_____] days**

- *Normal: 21–45 days in years 1–2 post-menarche; 21–35 days after year 3; any cycle >90 days warrants evaluation.*

Duration of bleeding per cycle: **[_____] days (normal: 2–7 days)**
Last menstrual period (LMP): **[_____]**

Flow & Bleeding

Flow volume: ☐ ☐ Light ☐ ☐ Moderate ☐ ☐ Heavy ☐ ☐ Soaking >1 pad/hour (HMB)
Product used: ☐ ☐ Pads ☐ ☐ Tampons ☐ ☐ Menstrual cup/disc ☐ ☐ Period underwear ☐ ☐ Other: [___]
Clots: ☐ ☐ None ☐ ☐ Small clots ☐ ☐ Large clots (>quarter-size)
Inter-menstrual spotting: ☐ ☐ None ☐ ☐ Yes — timing: [___]

Pain (Dysmenorrhea)

Pain with periods: ☐ ☐ None ☐ ☐ Mild ☐ ☐ Moderate ☐ ☐ Severe
Pain limits school/work/activities: ☐ ☐ Never ☐ ☐ Occasionally ☐ ☐ Often ☐ ☐ Every cycle
Associated symptoms: ☐ ☐ Nausea ☐ ☐ Vomiting ☐ ☐ Diarrhea ☐ ☐ Headache ☐ ☐ Back pain ☐ ☐ Other: [___]
Pelvic pain between periods: ☐ ☐ None ☐ ☐ Yes — describe: [_____]

For educational use only. Adapt to your EHR system and tribal/institutional context. Cultural content and traditional practices sections should be reviewed with local tribal advisors. This template uses AFAB (assigned female at birth) framing to reflect inclusive, affirming care.
Clinical sources: Pereira-Eshraghi & Vuguin PIR 2024; Rastogi & Rome PIR 2021; Barriga & Montiel 2021; Barrett et al. PIR 2025; Fraga et al. PIR 2024. Menstrual norms: AAP/ACOG/SAHM guidelines.

▸ *Severe dysmenorrhea limiting activities, or pain between cycles, warrants evaluation for endometriosis and pelvic pathology.*

SECTION 3 — HYPERANDROGENISM

Acne

Acne present: ☐ ☐ None ☐ ☐ Mild (blackheads/whiteheads) ☐ ☐ Moderate (papules/pustules) ☐ ☐ Severe (cystic/nodular)

Location: ☐ ☐ Forehead ☐ ☐ Cheeks ☐ ☐ Jawline/chin ☐ ☐ Chest ☐ ☐ Back ☐ ☐ Other: [___]

Prior or current treatment: ☐ ☐ None ☐ ☐ OTC ☐ ☐ Prescription: [___]

▸ *Moderate-severe comedonal, inflammatory, or cystic acne supports hyperandrogenism even without hirsutism.*

Hirsutism / Hair Growth

Excess terminal hair growth: ☐ ☐ None reported ☐ ☐ Present

Areas (if present): ☐ ☐ Upper lip ☐ ☐ Chin ☐ ☐ Chest ☐ ☐ Abdomen ☐ ☐ Thighs ☐ ☐ Lower back ☐ ☐ Other: [___]

Hair removal practices: ☐ ☐ None ☐ ☐ Shaving ☐ ☐ Waxing ☐ ☐ Threading ☐ ☐ Electrolysis ☐ ☐ Laser

▸ *ALWAYS ask about hair removal before assessing — removal practices can mask clinical hirsutism. Ask: "If you hadn't removed hair, where would it grow?"*

Modified Ferriman-Gallwey (mFG) score if assessed: **[_____]**

▸ *Hirsutism cutoff varies by ethnicity: ≥4–6 (95th percentile). Scores may underestimate in patients who remove hair.*

Other Androgenic / Metabolic Signs

Scalp hair thinning: ☐ ☐ None ☐ ☐ Yes — pattern: [___]

Acanthosis nigricans (skin darkening): ☐ ☐ None ☐ ☐ Yes — location: ☐ Neck ☐ Axillae ☐ Groin ☐ Other: [___]

▸ *Acanthosis nigricans is a clinical marker of insulin resistance — trigger metabolic screening if present.*

SECTION 4 — METABOLIC & SYSTEMIC HEALTH

Weight & Energy

Recent weight change: ☐ ☐ Stable ☐ ☐ Gaining ☐ ☐ Losing ☐ ☐ Fluctuating

Fatigue: ☐ ☐ None ☐ ☐ Mild ☐ ☐ Significant — affecting school/activities

Diabetes Screening

▸ *Both T1DM and T2DM are associated with menstrual disruption. AI/AN communities have elevated T2DM baseline risk. PCOS carries a 4x relative risk of T2DM. Screen at every menstrual health visit.*

Known diabetes or prediabetes: ☐ ☐ None ☐ ☐ T1DM (Dx date: [___]) ☐ ☐ T2DM ☐ ☐ Prediabetes ☐ ☐ Not yet screened

If T1DM — recent glycemic control: ☐ ☐ Well-controlled ☐ ☐ Suboptimal (A1C > 8) ☐ ☐ Unknown

▸ *Note: Menstrual irregularity is a recognized complication of poorly controlled T1DM. Document and address as part of diabetes management.*

Polyuria / polydipsia / unexplained weight loss: ☐ ☐ None ☐ ☐ Yes — refer for urgent diabetes evaluation

Most recent HbA1c (if known): **[_____]** **Date: [_____]**

Sleep & Other Systemic Symptoms

Sleep concerns: ☐ ☐ None ☐ ☐ Snoring/gasping ☐ ☐ Daytime sleepiness ☐ ☐ Insomnia ☐ ☐ Other: [___]

▸ *Obstructive sleep apnea is a recognized PCOS comorbidity.*

Mood / mental health (use validated screen per clinic protocol — PHQ-A, GAD-7): ☐ ☐ Completed: score [___] ☐ ☐ Deferred

SECTION 5 — SEXUAL & REPRODUCTIVE HEALTH

▸ *Complete with patient alone. Begin with confidentiality reminder. Use open-ended, nonjudgmental language (HEADDSS framework).*

Sexual Activity

Ever had sex (vaginal, oral, anal): ☐ ☐ No ☐ ☐ Yes ☐ ☐ Declined to answer

If yes — type(s): ☐ ☐ Vaginal ☐ ☐ Oral ☐ ☐ Anal

Partners in past 12 months: [_____]. Partner Sex Assigned at Birth ☐ ☐ Male ☐ ☐ Female ☐ ☐ [ ]

Condom use: ☐ ☐ Always ☐ ☐ Sometimes ☐ ☐ Never ☐ ☐ N/A

Current contraception: ☐ ☐ None ☐ ☐ COCP ☐ ☐ DMPA ☐ ☐ Implant ☐ ☐ IUD (hormonal) ☐ ☐ IUD (copper) ☐ ☐ Condoms ☐ ☐ Other: [___]

Interest in contraception today: ☐ ☐ No ☐ ☐ Yes — preferred method: [___] ☐ ☐ Wants to discuss options

STI & Pregnancy History

Pregnancy history: ☐ ☐ None ☐ ☐ G___ P___

Urine β-hCG today: ☐ ☐ Done — result: ☐ Negative ☐ Positive ☐ ☐ Declined ☐ ☐ Not indicated

▸ *Obtain urine β-hCG at every menstrual health visit regardless of reported sexual activity history.*

STI history: ☐ ☐ None reported ☐ ☐ Yes: [___]

Last STI screen: [_____] **Result:** [_____]

▸ *AAP recommends annual GC/Chlamydia NAAT for all sexually active AFAB adolescents. HIV: 1-time screen ages 13–65.*

Additional Reproductive Concerns

Concerns about fertility or future pregnancy: ☐ ☐ None shared ☐ ☐ Yes — discuss: [___]

Symptoms of vaginal dryness, hot flashes, night sweats (may suggest POI): ☐ ☐ None ☐ ☐ Yes — evaluate FSH/E2

SECTION 6 — TRADITIONAL PRACTICES & COMMUNITY WELLNESS

Nutrition & Food Practices

Traditional or land-based foods incorporated: ☐ ☐ Regularly ☐ ☐ Sometimes ☐ ☐ Rarely ☐ ☐ Not asked

Foods mentioned (if shared): [_____]

▸ *Traditional foods may include wild game, fish, berries, corn, beans, squash, fry bread, etc. — note with cultural specificity when shared, avoid generalizations.*

Movement & Physical Activity

Seasonal or traditional movement practices: ☐ ☐ Yes ☐ ☐ No ☐ ☐ Not asked

Examples if shared (harvesting, gathering, dancing, hunting, etc.): [_____]

Typical week of physical activity: ☐ ☐ < 1 day ☐ ☐ 1–2 days ☐ ☐ 3–4 days ☐ ☐ 5+ days

Traditional Plant Medicines & Remedies

Use of traditional plant medicines, teas, or herbal remedies for menstrual health: ☐ ☐ None ☐ ☐ Yes ☐ ☐ Prefers not to share

Description if shared: [_____]

▸ *Document without judgment. If relevant, gently inquire about potential interactions with prescribed medications (e.g., hormonal contraceptives). Never discourage traditional practices; collaborate with patient and family.*

Ceremonial, Spiritual & Community Wellness

Community, ceremonial, or spiritual practices that support well-being: ☐ ☐ Yes ☐ ☐ No ☐ ☐ Not asked

Examples if shared: [_____]Trusted adults or community supports: ☐ ☐ Family ☐ ☐ Elder ☐ ☐ CHR/CHAP ☐ ☐ School counselor ☐ ☐ Spiritual leader ☐ ☐ Other: [___]

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Cultural considerations to incorporate in care plan: ☐ ☐ None identified ☐ ☐ Yes — document: [_____]

- *Menstrual health holds cultural meaning in many Indigenous communities. Some communities have ceremonies, teachings, or practices around menarche and cyclical health. Follow patient/family lead and never disclose to others without consent.*

SECTION 7 — FAMILY HISTORY

PCOS: ☐ ☐ Yes (relation: [___]) ☐ ☐ No ☐ ☐ Unknown

Type 2 diabetes: ☐ ☐ Yes ☐ ☐ No ☐ ☐ Unknown

Type 1 diabetes: ☐ ☐ Yes ☐ ☐ No ☐ ☐ Unknown

Cardiovascular disease before age 55: ☐ ☐ Yes ☐ ☐ No ☐ ☐ Unknown

Blood clots (DVT/PE): ☐ ☐ Yes (relation: [___]) ☐ ☐ No ☐ ☐ Unknown

- *Blood clot history is important if COCP is being considered — review risk with family history of VTE.*

Infertility or premature menopause (< age 40): ☐ ☐ Yes (relation: [___]) ☐ ☐ No ☐ ☐ Unknown

Thyroid disease: ☐ ☐ Yes ☐ ☐ No ☐ ☐ Unknown

SECTION 8 — PHYSICAL EXAMINATION PROMPTS

VITAL SIGNS & ANTHROPOMETRICS

Weight: **[_____] Height: [_____] BMI: [_____] BMI %ile: [_____]**

Blood pressure: **[_____] (document at every visit — HTN risk with PCOS)**

PUBERTAL STAGING

Tanner stage — Breast: **[_____] Pubic hair: [_____]**

- *If patient removes pubic hair: ask "If you hadn't shaved/waxed, would your pubic hair grow past your underwear line to your thighs?" (Tanner 5 if yes).*

SKIN EXAM

Acanthosis nigricans: ☐ ☐ Absent ☐ ☐ Present — location(s): ☐ Neck ☐ Axillae ☐ Groin ☐ Other: [___]

Acne: ☐ ☐ None ☐ ☐ Mild ☐ ☐ Moderate ☐ ☐ Severe — location: [___]

Hirsutism on exam: ☐ ☐ None ☐ ☐ Present — mFG score: [___]

Striae: ☐ ☐ None ☐ ☐ Present — location: [___]

Skin tags: ☐ ☐ None ☐ ☐ Present

OTHER EXAM FINDINGS

Thyroid: ☐ ☐ Normal ☐ ☐ Enlarged ☐ ☐ Nodule: [___]

Abdomen: ☐ ☐ Soft, non-tender ☐ ☐ Tenderness: [___] ☐ ☐ Mass: [___]

Pelvic/speculum exam: ☐ Not indicated ☐ Indicated (reason: [___]) ☐ Completed (findings: [___])

- *Pelvic/ovarian ultrasound is NOT recommended for PCOS diagnosis in AFAB adolescents < 8 years post-menarche. Order only with additional clinical indication (e.g., pelvic mass, suspected POI, primary amenorrhea with structural concern).*

SECTION 9 — LABORATORY ORDERS

FIRST-LINE (all patients with menstrual irregularity + hyperandrogenism features):

☐ Urine β-hCG — *MANDATORY at every menstrual health visit*

☐ Total & free testosterone (or free androgen index = 100 × [total T / SHBG])

☐ SHBG

☐ DHEAS

☐ Morning 17-hydroxyprogesterone (17-OHP) — *Early AM, follicular phase — screen for nonclassic CAH*

☐ TSH / free T4
☐ Prolactin

METABOLIC PANEL (PCOS, insulin resistance, T2DM risk, T1DM complication screen):
☐ Fasting glucose + fasting insulin (calculate HOMA-IR: [glucose × insulin] / 405)
☐ HbA1c
☐ Fasting lipid panel
☐ ALT / AST — *Screen for NAFLD (PCOS comorbidity)*

AS CLINICALLY INDICATED:
☐ FSH + estradiol (E2) — *If amenorrhea ≥ 3 months or concern for POI — repeat ≥1 month apart*
☐ LH — *If concern for hypogonadotropic hypogonadism or hypothalamic amenorrhea*
☐ Androstenedione — *If total/free testosterone not elevated but clinical hyperandrogenism present*
☐ Karyotype / FMR1 premutation — *If confirmed POI: add karyotype, FMR1 premutation, adrenal antibodies (CYP21)*
☐ Adrenal/ovarian imaging — *ONLY if testosterone > 2× upper limit of normal — NOT for routine PCOS Dx*
☐ STI panel (GC/Chlamydia NAAT) — *Annually for all sexually active AFAB adolescents*
Other: [_____]

- *Pelvic/ovarian ultrasound is NOT part of routine PCOS evaluation before 8 years post-menarche.*

SECTION 10 — ASSESSMENT & PLAN

IMPRESSION / WORKING DIAGNOSIS:
Menstrual pattern: [_____]
Hyperandrogenism assessment: [_____]
PCOS diagnostic criteria: ☐ ☐ Both met (irregular menses + hyperandrogenism) → PCOS diagnosis ☐ ☐ One criterion only → label "At risk for PCOS"; reassess at [___] ☐ ☐ Neither met ☐ ☐ Other diagnosis: [___]

MANAGEMENT INITIATED TODAY:
☐ Lifestyle counseling — *Framed around metabolic health and energy — not weight. Discussed traditional foods/movement.*
☐ Combined oral contraceptive pill (COCP) — *Formulation: [___]. Counseled on: ☐ VTE risk ☐ Side effects ☐ Bone density ☐ Use with PCOS*
☐ Metformin — *Dose: [___]. Indication: ☐ Insulin resistance ☐ T2DM risk ☐ PCOS metabolic management*
☐ Spironolactone (add-on for hirsutism) — *With reliable contraception confirmed. Dose: [___]*
☐ STI treatment: [___]
☐ Referral: [___]
☐ Traditional wellness practices discussed and incorporated into care plan
Other: [_____]

EDUCATION PROVIDED TODAY:
Topics: ☐ ☐ Normal menstrual patterns ☐ ☐ PCOS overview ☐ ☐ Diabetes/metabolic risk ☐ ☐ Contraception options ☐ ☐ STI prevention ☐ ☐ Menstrual tracking app/tool ☐ ☐ Other: [___]

FOLLOW-UP & CONFIDENTIALITY PLAN:
Return visit: [_____]
Lab result delivery plan: ☐ ☐ Phone call to patient ☐ ☐ Patient portal (privacy settings reviewed) ☐ ☐ Next visit ☐ ☐ Other: [___]

- *Avoid sending sensitive reproductive health results via EHR patient portal if caregiver has portal access — default to phone call or visit for confidential results.*